U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1	REC'D  JL 18205
E	CLAS DROP

1. File Number U - 3465

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth G Clements	Name OPEIU Local 108
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4044 Powelldale Drive	Street 2617 North Side Road, Suite 900
City Montgomery	City New Iberia
State Alabama ZIP Code + 4 36111	State Louisiana ZIP Code + 4 70563-0953
Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
. Held an interest in, engaged in transactions (including loans) with, or one nonetary value from an employer whose employees your organization.	
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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and the control of th	
Name	
Name Trade Name, if any:	
Name Trade Name, if any:	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any:	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	
Name  Trade Name, if any:  P.O. Box, Bkig., Room No., if any  Street  City  State  ZIP Code + 4	
Name  Trade Name, if any:  P.O. Box, Bkig., Room No., if any  Street  City  State  ZIP Code + 4	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents) has been examined by the signatory and is to the lest of the
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents) has been examined by the signatory and is to the lest of the